

ISSUE SLIP STAPLE AREA (for additional cross references)

D.C.
11/21
AG

| POSITION | INITIALS | ID NO. | DATE |
|--------------------------|----------|--------|----------|
| FEE DETERMINATION | MA | 7091 | 9/26 |
| O.I.P.E. CLASSIFIER | RSD | | 10/1/00 |
| FORMALITY REVIEW | SK | 71809 | 11-17-00 |
| RESPONSE F RMALTY REVIEW | SK | 809 | 4-6-01 |

INDEX OF CLAIMS

..... Rejected N Non-elected
 Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY